FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Machinatan	D C	20540	
Nashington,	D.C.	20049	

<b>STATEMENT</b>	<b>OF CHANGI</b>	ES IN BENEF	FICIAL OWI	NERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response.	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Dar Zavain					2. Issuer Name and Ticker or Trading Symbol RECURSION PHARMACEUTICALS, INC. [ RXRX ]									k all app Direc	licable) tor	ng Per	rson(s) to Is	vner	
(Last)	(Fir	est) (M PHARMACEUT	Middle)	S	3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023								below	er (give title /)		Other (s	specify		
41 S. RIO GRANDE STREET					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SALT LA	AKE UI	Г 8	4101									X	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	Secur	rities	Acq	uired,	Dis	posed of	or B	enefic	cially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acc Disposed Of (D) 5)				and Securit Benefic Owned		ities For icially (D) d Following (I) (		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) (D)	Pric	се		nsaction(s) str. 3 and 4)			(Instr. 4)
Class A C	s A Common Stock 04/03		04/03/2	2023		A		1,996(1)	996 <sup>(1)</sup> A		0.00	0 22,561			D				
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, //Day/Year)	4. Transa Code ( 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der See (Ins	Price of Perivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title Shar							

## **Explanation of Responses:**

1. The shares were issued pursuant to the Issuer's Outside Director Compensation Policy.

## Remarks:

/s/Nathan Hatfield, attorneyin-fact

04/05/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.